Vol. XXVII TORONTO, CANADA, MARCH, 1925 No. 3

The Official Organ of the Provincial Hospital Associations

The HOSPITAL MEDICAL and NURSING WORLD

CONTINUING THE HOSPITAL WORLD

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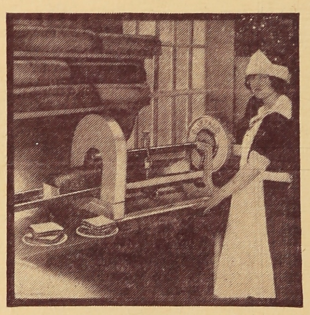
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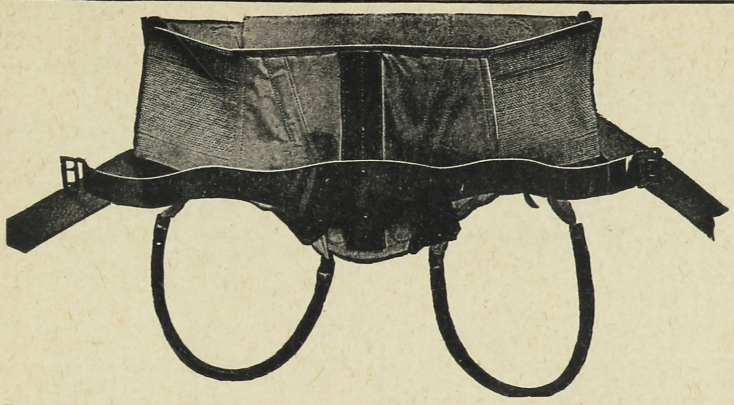
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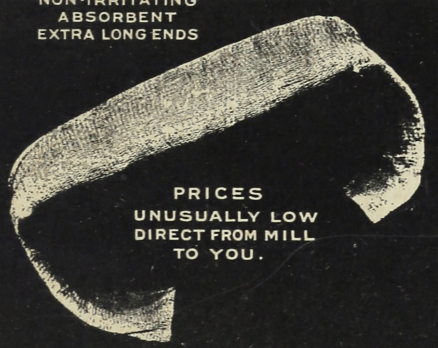
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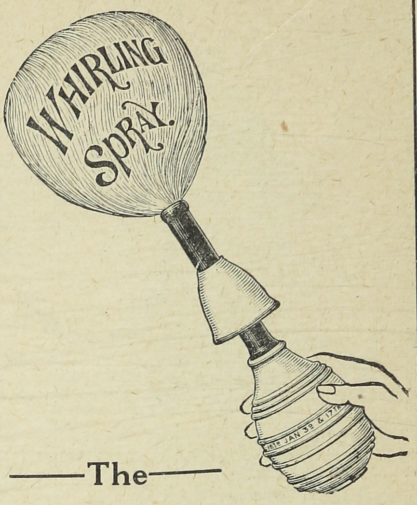
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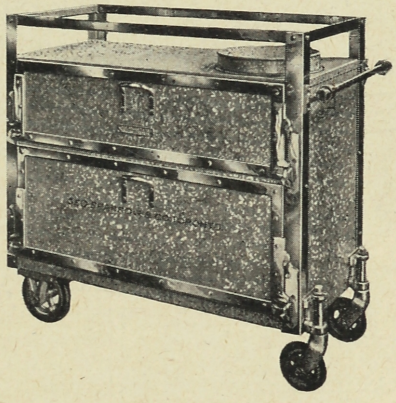
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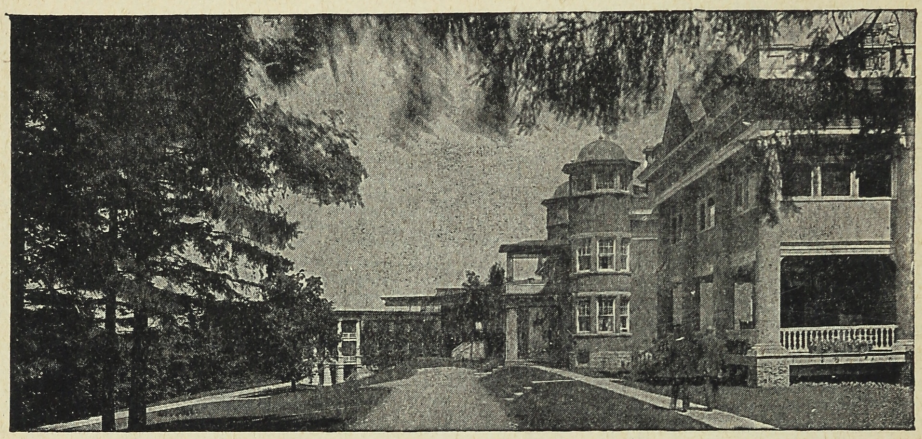
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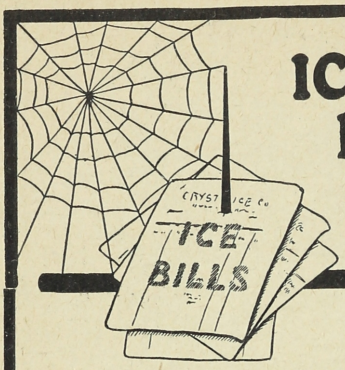
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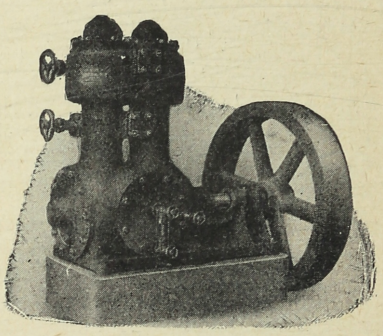


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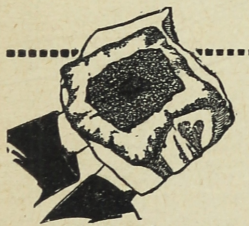
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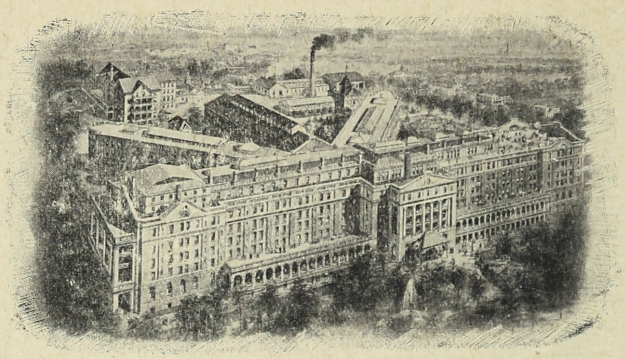
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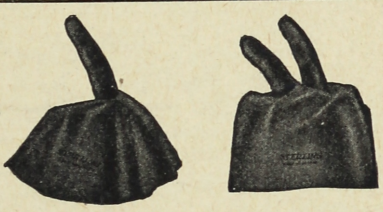
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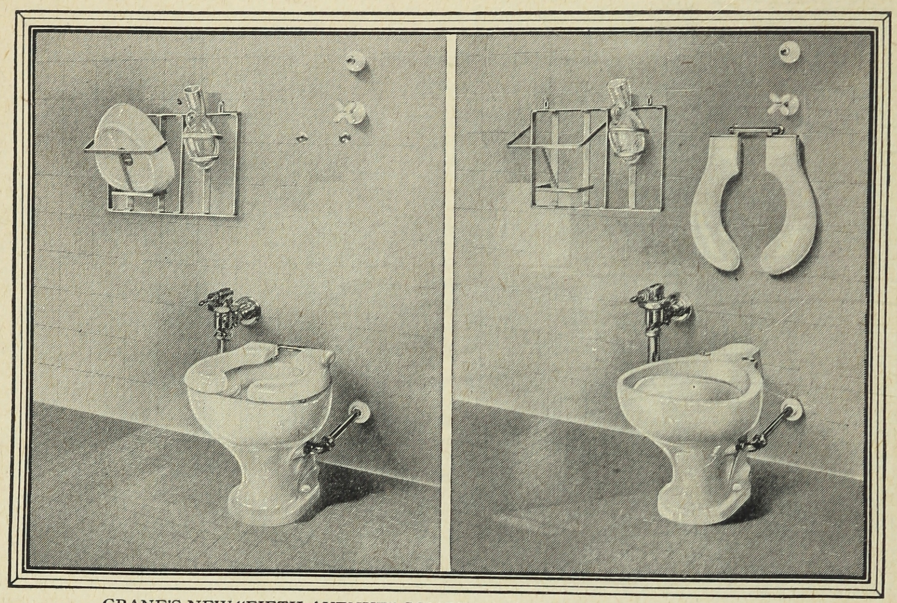
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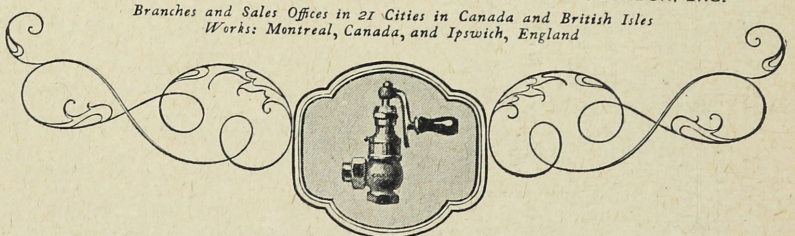
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TORONTO, CANADA

A professional journal published in the interests of Hospitals, and the Medical and Nursing Professions.

VOL. XXVII TORONTO, MARCH, 1925 No. 3

Editorial

Hospital Attitude Among Medical Men

Rev. C. B. Moulinier, S.J., *Hospital Progress* reports as saying that what is needed to-day for all hospitals is a hospital attitude and a hospital purpose in the medical man. When the staff doctors possess this attitude, almost without exception, the hospital is a growing, advancing institution. If the medical man does not feel the deep, essential elements of the hospital and does not realize his duties toward it, the hospital is going to be anything but perfect. Eventually only men of this attitude will be on hospital staffs. In other words, the time is passing when the hospital means a mere accommodation to the medical men.

Father Moulinier is right. Men who accept positions on hospital staffs should be prepared to devote a certain regular period each day to their duties. If unable to attend they should provide an efficient substitute. As a rule, men should serve one hospital only. The other man should have a chance. The regular staff member should keep in daily touch with all his patients. Not only should he see

that histories are taken promptly, but that progress notes are made and entered up. He will do well also to scan nurses' charts closely. The up-to-date man will see that all needed laboratory work is done promptly and reports incorporated with the clinical record. He will act wisely if he studies the food menu. On occasions the matter of feeding the convalescing patient is too often left a routine matter. A wide-awake practitioner will ascertain whether or not his patients are satisfied with the hospital service. By finding out early any cause of discontent and rectifying same he can do much to maintain the reputation of the institution he is serving.

Medical men should maintain a friendly relation with other members of the staff, with the housemen and with the nursing staff.

It is gratifying to know that so many hospitals have organized their medical staffs; that the staffs hold regular meetings for the discussion of case histories and other items of interest to them. Nothing, perhaps, has done more to bring about the ideal of Father Moulinier, that throughout the whole country medical men should have a "proper medical attitude toward the hospital and a hospital purpose," than these friendly staff conferences.

Hospital for Addicts

In speaking recently before an organization of Canadian women concerning the opium conference at Geneva and the traffic in narcotics as it operates in Canada, the Federal Deputy-Minister of Health was asked to state what could be done by local organizations to advance the present international movement toward suppression.

Dr. Amyot urged restraint and treatment. He pointed out that the Canadian drug laws are most drastic, and the supervision of legitimate drug supplies keen and effective. Nevertheless, he said, there are ten thousand addicts in Canada who are supplied by illicit methods.

The Federal law provides compulsory treatment for drug addicts. At present this law is not seriously applied; certainly not in Ontario or Quebec. And the reason is largely because there are no institutions properly designated and equipped for the purpose.

The general hospitals do not want these cases, and will not take them if avoidable, since they are not amenable, and require restraint and constant supervision. The mental hospitals are almost equally averse and unsuitable. Yet these ten thousand unfortunates are in greater or less degree each a community menace. Their treatment demands a special institution fully as much as those suffering any contagious disease.

As medical men well know, little or nothing can be done for the individual addict, outside of a hospital, where the victim is unable to obtain the drug and may be gradually weaned from the desire for it.

The statement is often made that our drug addicts are largely aliens from the eastern countries. This is met by the law that imposes deportation on all aliens convicted on the charge. There have been, says the Ottawa Department, three hundred such deportations in less than the past two years.

But for the Canadians that remain there is as yet only three alternatives—fine, imprisonment, or freedom. The first two may be dismissed without comment as the weakest of palliatives. Compulsory

treatment appeals as the one and only way, and this implies adequate means of procuring the same.

The Federal Department of Health should have the support of every province in its effort to deal with this complicated problem, by providing whole or part financial support of institutions for this class of patient, and thus enable the law of compulsory treatment to be put at once into operation.

Middle Class Hospital Accommodation

No solution has thus far been found for the problem of hospital treatment for the middle classes at a price commensurate with their income. Over and over again has this question been discussed in the press and through the various channels of public service; but up to the present the remedy has not been made evident.

The Director of Toronto's Bureau for Municipal Research who is able to see the way out in most community problems confesses himself more or less baffled by this one. In a recent address before the Social Hygiene Club of Toronto, he said, "The man who can, in spite of capital cost of erecting modern hospitals, discover a practical way of reducing these costs to a point within reach of the average man without an undue drain on his resources will have performed a valuable service. For my own part I can offer little of practical value."

Nevertheless, Dr. Brittain voiced a widely prevailing belief that in some way capital costs could be so cut as to bring the hospital service within the purse ability of the average family.

Building and equipment and service are the three large divisions of expense. The latter must, of course, be maintained at the highest point, since

no single item that contributes to the well-being of the patient should be omitted. But the first cost of building and equipment by close and careful planning might be reduced without endangering the grade and quality of the after-service rendered to the community.

The average middle-class citizen does not want luxury in his hospital treatment. He wants the simple comforts, absolute sanitation and service combined that will speed him back to health.

The time to consider these things is before a contemplated hospital building is under course of construction. Once a large building is erected at a cost usually much exceeding the original intention it must be suitably equipped with a yet greater excessive expenditure; and when sufficiently staffed for service the institution starts with a debt that looms like a vulture over the directing Board, and dips deep into the purses of the community. And it is the average citizen who is already paying general taxes for the upkeep and yearly deficit, who finds himself too poor to pay the price of a private bed in his sickness.

A noted Calcutta surgeon, in commenting on the luxury and completeness of our hospitals, added rather drily that he knew of a small hospital in India of meagre appointments and simple service which held just as fine a record of successful operations as any of our big institutions could show on this side of the water.

Many of us laymen and professionals find ourselves in agreement with Dr. Brittain when he says that "we cannot get rid of the belief that careful planning would make it possible to cut down the capital costs of building and equipping hospitals that cater to the average family without affecting the efficiency of the service rendered."

The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

The Official Organ of The Provincial Hospital Associations, including The Ontario Hospital Association, The Alberta Hospital Association, The British Columbia Hospital Association, etc.

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All communications, correspondence, and matter regarding subscriptions and advertisements to be addressed to "The Hospital, Medical, and Nursing World," Toronto, Canada.

Reprints, including Half-tones, etc., Supplied Authors at Net Cost.

Original Contribution

THE PRESIDENT'S ADDRESS*

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ASSOCIATE DIRECTOR AMERICAN COLLEGE OF SURGEONS;
DIRECTOR OF HOSPITAL ACTIVITIES.

To the Members of the American Hospital Association, Exhibitors and Guests:

This is the twenty-sixth Annual Conference of the American Hospital Association. Last year we celebrated the twenty-fifth or silver jubilee anniversary, and on that occasion President Bacon gave us a most complete and interesting history of the Association which convinced all beyond a doubt of the continued progress that the Association had made during the first twenty-five years of its existence. This history is recorded in the last Annual Proceedings. I hope you have all read it and are familiar with your Association, what it is and what it has accomplished.

CO-OPERATION ESSENTIAL FOR THE SUCCESS OF THE ASSOCIATION.

Through your action and consideration I have had the honor of presiding over the Association this twenty-sixth year of its existence. This I regard as the highest honor any person can have in the hospital world. For this let me express my sincere thanks and appreciation. I found it a heavy responsibility with lots of hard work to do, but a happy and pleasant task at all times because of the whole-hearted co-operation which I received from headquarters and the field generally. I have yet to receive a single refusal for assistance of any kind during my whole administration, other than what was occasioned through physical impossibility. I sincerely appreciate the liberal support and splendid co-operation in the work which I received at all times. This is one of the healthiest signs of the Association. Without such a spirit and attitude our Association could not live and progress. For this Association let me urge that there may always exist the

*Presented to the American Hospital Association, October 6, 1924.

family type of co-operation which gives momentum and effectiveness to our actions.

Notwithstanding his illness, Dr. A. R. Warner, your executive secretary, worked hard throughout the year and efficiently and carefully guided all the work carried on. To Dr. Warner and Miss A. T. McCann, Office Manager, and headquarters staff, I want to pay the highest tribute of praise for their earnest efforts, their extreme interest, enthusiasm in and loyalty to the Association throughout the year. Headquarters office is an extremely busy place and always working under high pressure. The demands on this office are continuous and varied as well as increasing daily.

The New President Must Take Stock.

When assuming office I need not tell you that I found it difficult to follow President Bacon and his predecessors—all men of outstanding leadership—who have guided the destines of this Association down through the first quarter century of its existence. In taking office I wondered what I could do in the best interests of the Association. Like my predecessors, I suppose, and as all presidents assuming office should do, I "took stock." Recorded data readily available showed many accomplishments in the past. Two questions immediately confronted me: First—What is the broadest scope or functions this Association is expected to render and can render? Second—Is the Association at present fulfilling the expectations and demands of the field? These two questions are vital and required careful thought.

What is the Broadest Scope or Functions the Association is Expected To and Can Render?

The first question more or less baffled me, as I seemed unable to know where to draw the line. One thing after another came to my mind as to what the Association could do, and to make a long story short, I pictured a wonderful future for it—a future best described and characterized as one of unlimited service to the field in the interests of the progressive development of the hospitals of America. It should be the all-in-all, through-and-through service organization of the entire field.

I would assign seven definite functions to the American Hospital Association as follows:

1. To serve as a means of intercommunication and co-operation among the hospitals of the United States and Canada.

We cannot live apart or independent of each other. There exists everywhere an interdependence and a need for interchange and intercommunication. This is very true in the hospital field. It is necessary to keep our hospitals refreshed in interest and growth. Only through organization can the hospitals know each other and, in fact, know themselves.

2. To increase the efficiency of all hospitals in the United States and Canada by establishing and maintaining the best possible standards for hospital service.

These standards can only be worked out and disseminated by getting together and talking things over—through presentation of data followed by constructive discussion and balancing opinion for and against so as to arrive at a more or less uniform opinion that will apply generally.

3. To stimulate and guide intensive and extensive hospital development in the United States and Canada.

The Association accumulates knowledge and momentum which is needed to promote hospital development along intelligent and well thought out lines. It must be in a position to advise on the hospital needs and the best way of meeting these needs. The fund of knowledge grows each year and thus begets better procedures and more rational lines of action. We must ever march on—there is no marking time. The strong arms of efficiency and economy keep us moving.

4. To develop on the part of hospitals in the United States and Canada a sense of responsibility to the community in respect to education in health and hospital matters.

It is with regret I must say that the public generally need much education on hospital and health matters. The Association must realize its duty in this respect. Through meetings or conferences such as this, and particularly by devoting at least one of the evenings to a community health and hospital meeting, the public may become more enlightened. Show them that you, too, are not only willing, but anxious to keep the people so well that they will not need hospitals. The Association must stand back of all public health activities or anything in the interests of the prevention of disease and the promotion of scientific medicine.

5. To keep the people of the United States and Canada informed concerning hospital problems, and in this respect to assist hospitals generally in dealing with governmental bodies —federal, state or municipal.

The Association must be advisory to all governmental bodies on policy. Hospital policy determined by federal, state or municipal bodies apart from the advice of the hospital people

themselves, is apt to be more or less unsound or impractical. Give the people an intelligent idea of the hospital, its functions, its needs, its problems and its workings, and thus secure better co-operation and break down the opposition which comes from ignorance and misapprehension. Only through systematic education, promoted chiefly through the Association, can this be accomplished on a large scale.

6. To formulate from time to time suggestions for additions to or changes in legislation affecting hospitals.

Legislating bodies must look to the Association for advice in formulating legislation pertaining to hospitals. The Association's interests cannot be disregarded and should represent the general needs and opinions of the hospitals. Only through an association with its organization and regular meetings can the best opinion be formulated.

7. To contribute to the hospital field information and findings for the good of all hospitals.

There is a vast amount of information yet to be known regarding hospital administration which still is more or less a new art. It is only in the past few years that attention has been directed to it in any noticeable degree.

Is the Association at Present Fulfilling the Expectations and Demands of the Hospital Field?

The second question was equally difficult to answer. My conclusion was that the Association is not able to meet all the expectations and demands of the field, but is doing so in so far as the headquarters staff and finances will permit. With the limited resources at hand, and in the face of ever increasing demand, splendid service is being rendered.

Momentum and Finances Needed.

When, then, is needed to more advantageously meet the expectations and demands of the field generally? Two things —momentum and finances—both of which come from increased membership. Hence the decision to launch a general membership campaign, complete information regarding which will be given to you in the Special Membership Campaign Bulletin and at the Membership Campaign Booth.

General Membership Campaign.

I find the Association now having passed into the adult age, but the membership far from corresponding to this age. On May 1st last, there were 579 institutional members out of the, approximately, 7,000 existing institutions in the United

States and Canada, and 1,732 personal members out of, approximately, 200,000 persons connected directly or indirectly with hospitals and eligible for membership. The presentation of the resolution setting forth the objects, reasons, ways and means of the campaign was acceptable without debate by the Board of Trustees. In a short time the United States and Canada was organized into thirty-two areas or regions, for each of which a Regional Campaign Committee was appointed to co-operate with headquarters in this particular work. Each committee has a convener and a number of workers varying from three to fifteen in number. Already these committees have pushed the work vigorously. The campaign has been under way for the last few weeks, and to date the results are most gratifying. I am very pleased to announce that Dr. Lewis A. Sexton, Superintendent of the Hartford Hospital, Hartford, Connecticut, and Chairman of the Membership Committee of the Association, has accepted the General Chairmanship of this campaign.

Let me strongly urge the Association and the trustees to vigorously carry on this campaign during the coming year and continue it till all the new members possible are secured. We cannot progress and develop without momentum and finances. Let the whole field seriously take up this movement in a unanimous and energetic manner throughout the entire year. The success of the campaign means a great deal to every hospital, inasmuch as the Association will be in a position to do greater things for them.

Complete Organization of the Hospital Field.

Simultaneously and closely linked up with the General Membership Campaign came the idea of a completely organized hospital field—a field organized for service, for protection and for more scientific progress. I fully believe that one of the outcomes of the membership campaign will be the hastening of the complete organization of the entire hospital field—national, state and provincial or local. I believe in organization, for without it we cannot make progress. Did you ever realize that the hospitals have really been the last great body to organize? A few years ago we heard little or nothing of state or provincial associations. To-day there are twenty-four states out of forty-eight and six provinces out of nine organized. The number of hospitals in the organized areas, however, represent a much higher percentage than the territory covered. In these areas numerous hospitals are still not members of the organization. You all are no doubt aware that this Association at present includes in its membership

only eight or nine per cent. of the possible eligible institutional and personal members in the United States and Canada. It is true we have a number of denominational hospital associations, but they, too, incompletely cover the field. Therefore, the field is not organized as it should and must be for the future, if we are to make progress.

I have asked myself why this should be. I suppose it is due to the fact that we are a busy people and, generally, sparsely settled. Perhaps the majority of hospitals outside of the city are situated singly, or in twos or threes at the most. At any rate, there is distance created through distribution, which mediates against contact. Sometimes, yes, too often perhaps, jealousies exist. Not infrequently we find a state of self-satisfaction, independence or lack of vision, leadership and initiative. Occasionally, due to the predominance of a larger institution with a certain strong personal element, organization is retarded.

But what is this which we are speaking of as "organization?" It is difficult to define the term in a word, phrase or clause—it is easier to describe it. Organization is the getting together in an orderly fashion of the units of any particular cause or work and placing them under leadership and direction with well defined functions and duties and all acting in a uniform, well co-ordinating and co-operating effort for the efficient accomplishment of that particular branch of work. It is the grouping of minds for mass thought. It is the getting together for communalistic or mass effort. It is more than all this, and means much to the progress of this great old world. It applies as an absolute necessity to every walk of life where there are wide-spread interests of a similar nature, whether it be commercial, educational or professional. It is one of the evidences of advancing civilization. You remember the old thread-worn story about the guard in a mental hospital who was showing a friend through the institution one day. As they were passing through the recreation field the friend noticed several of the inmates with sticks, stones and other weapons as if they were intent on doing bodily harm to them. Somewhat fearsome, the friend said to the guard: "Are you not afraid these folks will get together and injure you?" "Get together, get together, man!" said the guard, "if they knew enough to get together they would not be here!" Organization is recognized as the basis for development and progress in all walks of life.

There is a definite need in the United States and Canada for complete organization of the entire hospital field to-day.

The plan for this has had a good beginning. The foundation is laid. A complete organization may be considered from three standpoints, namely: (1) local; (2) state or provincial; (3) national or international. The local organization or "hospital council," as it is generally called, is the grouping of hospital interests in any particular community where there are a number of institutions, such as we find in cities like New York, Philadelphia, Pittsburgh, Cleveland, Brooklyn and other places. These institutions organize or come together to discuss and work out problems peculiar to their own community primarily, as well as for the general benefit obtained therefrom. Through such an association meeting regularly in conference they can study at close range much detail of hospital adminstration in a more intensive and concentrated manner, and contribute definite valuable data to the field generally. They can help each other by developing ways and means, procedures and standards of value and common to all the group of institutions concerned. In many ways not mentioned here, this group functions for material benefit. It is indeed a great boon to all the hospitals in the community and is worth while, even if only for the better *esprit de corps* it promotes.

The state hospital association has an exceedingly important place to fill in the organized hospital field. It takes into consideration a broader viewpoint than that of the local association. It deals more with things peculiar to that particular state. Hospital development and problems in general vary in the different states; hence what applies in one state may not in another. One state hospital association or the national, cannot always adequately be a substitute for any particular state. Each needs its own, though in some instances states can be readily grouped. The state association co-ordinates the hospital activities therein and develops standards—professional, educational, business, legal and legislative. It is a means of unifying and consolidating state interests.

The international, or American Hospital Association, has its definite functions to perform. Through its influence and organization it endeavors to establish uniform national standards; it looks at the whole as one great field. Its functions have already been enumerated. They are mainly educational and the collecting of end result data to give to the field. To it we must look for basic policies and principles which can be worked out and applied through state or provincial in turn affiliated with the national or international regarded in the broadest manner.

All three types of organization mentioned above have their respective definite status and relations to the entire field. Though each has its own function to perform, yet definite interrelations must exist—the local affilated with the state or provincial, and the state or provincial in turn affiliated with the national or international on a sound, practical working basis, making in the end a complete closely woven organization covering the entire field. This may seem ideal, but it is towards the ideal we must always strive.

The American Hospital Association can do well to stimulate organization of state and provincial and local associations and assist them in their organization, development and functioning. I appeal to you for field organization, complete and effective. Can we not during the coming year put forth a more concerted effort to organize the entire field, making the state and provincial units more actively interested in hospital organization.

National Hospital Day.

On May 13th last, the day following National Hospital Day, the Association officially took over the National Hospital Day movement, which has become so firmly rooted in the minds and hearts of the people throughout the United States and Canada. National Hospital Day, unique in its purpose, rapid in its acceptance and wonderful in its accomplishments, was originally conceived by Matthew O. Foley, Managing Editor of *Hospital Management,* and since its inception in 1921, to May 12th this year, was carried on by that organization through a National Hospital Day Committee. In accepting *Hospital Management's* offer to turn this day over to be carried on under the auspices of the Association, the trustees expressed much appreciation to that organization, to which the credit is due for the excellent development and success of this movement. The trustees feel that it will be greatly to the advantage of the Association to have National Hospital Day under its direction and that it will provide a very broad avenue of contact with the entire hospital field. The committee was reappointed to carry on the work for the balance of the year.

National Hospital Day, a popular movement and now almost world-wide in its recognition, is now a new activity of the Association. The Association will continue to strongly put forth the tenets of this day. It is well worth while and, when finances permit, I hope the Association will appoint a full time director of this Day and field publicity generally. At the present conference you will note a beginning has been

made in this respect by the establishing of a publicity booth under the direction of Ralph W. Keeler, Counsellor in Publicity for the Board of Hospitals and Homes of the Methodist Episcopal Church.

More Technical and Advisory Staff Needed at Headquarters.

More and more information, technical, administrative, legal, etc., is being constantly demanded of the Association. Indeed, as already stated, the Association must become a service organization to the entire field. To-day the field looks for assistance with its many problems. With the ever increasing demand in this direction there is need for more technical and advisory assistance at headquarters. To serve the field properly we must be in a position to give the information promptly and accurately. Many of the problems for solution are intricate and convinces me that the addition of technical staff to headquarters is one of the pressing needs at present. With increasing strength and finances I hope more technical and advisory personnel can be added from time to time. What a help such a staff of workers could be to the field by visitation to individual hospitals. Let us be better prepared to give all hospitals, not only a correspondence service on their inquiries, but, when necessary, a personal on-the-spot service, so we may more clearly understand their problems.

Producing Committees of the Association.

The Association has been fortunate in the past in having working committees studying many problems pertaining to administration and technical matters encountered in the hospital field. These committees have worked hard during the year; they have given their time and efforts voluntarily to the work. At this meeting the various committees will submit valuable reports containing more or less final and up-to-date data pertaining to the subjects treated. The reports present the best data available to-day. They are part of this programme. To these committees we are very much indebted for their valuable contributions to the hospital field. It is hoped the Association will continue to add to its fund of knowledge more of this reliable well-thought-out data.

(To be completed in our next issue)

Hospital Items

JUBILEE OF HOSPITAL RECALLS EARLY DAYS OF WOMAN DOCTORS

In the jubilee year of the London (Royal Free Hospital) School of Medicine for Women—a landmark in the history of the movement for full medical training for women—*The Queen* magazine recalls, in a series of articles, the magnificent work of some of the pioneers. Dr. Elizabeth Blackwell and Dr. Mary Scharlieb are two of the most outstanding figures.

Elizabeth Blackwell's story is given in the autobiography published by Longmans in 1895 entitled "Pioneer Work in Opening the Medical Profession to Women." Dr. Mosher of Brooklyn said of the book on its first appearance that "no one can review the life of this noble woman without believing that she was called of God to open up this great field of medicine to women. The call was definite and distinct. Against her natural instinct she listened and obeyed. Through long years of toil and opposition she cheerfully pushed on. The loss of an eye delayed, but did not deter, her. She lived so far in advance of her day that it has taken fifty years for us to bring even the head of the line-up to her standard."

Born in Bristol in 1821 she later came to America with her family, residing first in New York and later in Cincinnati. Money for her training was earned through teaching school; then, after much difficulty, she was accepted at a medical school near Geneva, in the western part of the State of New York. Although she repudiated at first the suggestion that she study medicine, Elizabeth Blackwell was attracted by the moral struggle of winning a doctor's degree.

The article in *The Queen* reads in part: "A notable event, according to the *Springfield Republican* of 1848, was the appearance at the medical lectures of a young woman student named Blackwell. She is a pretty little specimen of the feminine gender of twenty-six. She comes into the class with great composure, takes off her bonnet, and puts it under the seat, exposing a fine phrenology. The effect on the class has been good, and great decorum is observed when she is present.

"She was never in any way molested, and on her graduation in January, 1849, *Punch* had a poem on Doctrix Blackwell. The diploma then received was presented by her adopted daughter, Katherine Barry, to the custody of Queen Margaret

College, Glasgow. An alteration had to be made in its Latin wording to suit the feminine gender.

"Thus the first steps were taken in the movement for women's medical education. Her sister, Dr. Emily, who studied at Cleveland, Ohio, was the second to qualify. She was a born teacher, and for a time assistant with Sir J. M. Simpson at Edinburgh. The third was Marie Zackozewska.

"Dr. Blackwell came to England in the spring of 1849, crossed to Paris, and put in a course of study in La Maternite, during which she lost the sight of one eye. She went to Germany to rest and recruit. She secured entrance to St. Bartholomew's Hospital on her return to London, where valuable experience was gained.

"The years of her study had not been in vain; schools for women were being formed in Boston and Philadelphia. Refused a post in the women's department of a dispensary on her return to New York, she later opened a dispensary of her own, which developed into the New York Infirmary and College for Women, wherein Dr. Blackwell was later joined by her sister, Dr. Emily. It was a hospital entirely conducted by women. There was much opposition to live down, but the Quakers gave support to a movement now well established."

Mary Scharlieb, M.D., M.S., was married and the mother of three children when her interest in medicine was aroused through learning of the unnecessary suffering of the women of the country about Madras, Hindu as well as Mahommedan, in sickness and in childbirth.

By training as a midwife in a Madras hospital she took the first necessary step. Three years later, after endless discouragement, she, along with three other women students, received the licentiate of medicine, surgery and midwifery from the Madras Medical College. In order to make adequate use of her knowledge so far gained, Dr. Scharlieb decided it was necessary to pursue her studies in England. There fresh difficulties had to be surmounted.

In her reminiscences Dr. Scharlieb writes: "In writing my life I wished to supply an answer to those who ask whether professional life is compatible with wifely and motherly duties. I know that it is.

"The work of a woman doctor in India must necessarily be that of a general practitioner.

"In England and in most European countries, the fledgling doctor has no difficulty in securing a thoroughly good consultant to give advice in unusual and difficult cases. In India the position is altogether different. When I began work in Madras

there was no other woman doctor nearer to me than Bombay—that is to say, none within thirty-six hours' call.

"As to surgery, I had to instruct my sister how to administer anesthetics, and my maid, Mrs. Franks, had to assist to the best of her ability. Those were the days of so-called antiseptic surgery, and, therefore, in all operations that demanded an incision through the skin it was *de rigueur* that the carbolic spray should be kept going throughout the operation. This part of the proceeding I confided to the care of my Mohammedan ayah, having no one more suitable. On one occasion she distinguished herself greatly by fainting at the critical moment and dropping the hand-boiler spray which she was holding on to the operating table. I feared not only the burning of my patient, but, more disastrous still, a possible explosion! However, I knocked the little boiler off the table and as it rolled along the floor my patient's husband kicked it out into the garden to explode at leisure. Such was the crew with whom one had to work in those primitive times."

ASKS LARGER GRANTS FOR HOSPITAL WORK

After hearing at length on January 14 the representatives of the Ontario Hospital Association as to why the Government should make increases in the set allowances for patients in public hospitals in organized and unorganized districts, Provincial Secretary Goldie stated that, before giving any definite answer, he would have to ascertain the total amount involved annually in the suggested increases.

The Provincial Secretary, however, stated that the proposed increase in the Government hospital allowances appeared to him at first sight to involve a fairly considerable sum of money, and intimated his feeling at the moment that the increase could not be granted.

The most important change in the Government's hospital allowance schedule suggested by the deputation was an increase of from fifty to sixty cents per patient per days in organized districts. They also presented requests for an increase of from $1.50 to $2 per day in unorganized districts; instead of yearly payments they urged the advisability of quarterly payments, and the contribution of $1 per day maintenance for tubercular patients in sanitaria, abolition of the regulation limiting allowances to 120 days per patient; and they also wanted one-half the adult allowance for babies born in hospital, in which cases there is at present no allowance provided.

TORONTO HOSPITAL OFFICIAL IS INVITED TO CONFERENCE

Eminent hospital authorities of the United States and Canada assembled at Marquette University, Milwaukee, Wis., on January 20-21, and discussed plans for a proposed model hospital to be erected this year at Jamaica, Long Island, N.Y. The long list of those invited to attend included the name of Sister Aquinas of St. Michael's Hospital, Toronto.

FOUR NURSES INJURED IN TOBOGGAN ACCIDENT

Four local nurses, coasting on the Brantford Golf Club links on January 17th, started off down a decline which runs from No. 5 tee across a road into the Kerr property. Heavy snow ahead obliterated a drop of some five feet, and in the crash four were injured.

PORTRAIT OF MISS SNIVELY

The reception room of the nurses' residence of the Toronto General Hospital was the scene of an interesting event on January 22nd, when a portrait in oils of Miss Mary Snively, for many years superintendent of nurses, was unveiled. Mr. C. F. Blackwell, chairman of the Board of Trustees, received the portrait, and Miss Clara Brown unveiled it. Miss Gunn, present superintendent of nurses; Mrs. C. J. Decker and Miss Clara Brown, president of the alumnae, received the guests. Sir Joseph Flavelle, in his address, gave an interesting resume of Miss Snively's work during her twenty-five years as superintendent of nurses.

THE PEEL MEMORIAL HOSPITAL

On February 2nd the Peel Memorial Hospital at Brampton was formally opened. A great deal of interest in this event was taken by the public and a shower was held in order to secure the necessary equipment and furnishings. Among the donations was a cheque for $500.00 from the Brampton Driving Club, as also an agreement to furnish one of the rooms from Mr. and Mrs. W. J. Lowe, and the promise of a full supply of linen from the Trafalgar Community Club and the Brampton Junior Women's Institute. Mrs. W. G. Howell, of Guelph, sent six dozen community plate spoons. The hospital building till recently was the home of Mr. and Mrs. Fred W. Sutcliffe, of Lindsay, who were generous donors to the hospital funds.

WOMEN'S COLLEGE HOSPITAL, TORONTO

The Administration Section of the Women's College Hospital was *en fete* January 23rd, when the superintendent, Mrs. Bowman, entertained as guests of honor at dinner the twenty women physicians who form its medical staff. She was assisted by her supervising staff, and Miss Anderson, president, and Mrs. Rutherford, honorary president, of the Board of Directors. The dining-room was quite inviting in its dim candlelight and color scheme of yellow. Following the toast to the King, brief after-dinner speeches were made by Miss Anderson, Mrs. Rutherford, Dr. Smillie and Mrs. Bowman. The annual meeting of the staff immediately followed the dinner, and officers for the ensuing year were appointed. Dr. Elizabeth Stewart was elected chairman; Dr. Manson, vice-chairman; Dr. Edna Guest, secretary, and Dr. Marion Kerr, treasurer.

NEW SUPERINTENDENT, HOMEWOOD SANITARIUM

We would like to take this opportunity of congratulating the directors of this splendid institution on the recent appointment as superintendent of Dr. Harvey Clare, in succession to Dr. C. B. Farrar, appointed a few weeks ago to be director of the new Reception Hospital in Toronto.

Dr. Clare had a distinguished career at the University of Toronto and brings to his duties at Homewood a very valuable experience as a psychiatrist, extending throughout nearly twenty-five years. He has filled the position of medical officer in several mental hospitals in Canada, was medical director for five years of the old Reception Hospital, Toronto, and has been for a number of years medical superintendent of the Ontario Hospital, Queen Street West, Toronto. For the past ten years or more he has been lecturer on mental diseases at the University of Toronto, and is frequently used as a medical expert in mental cases in the courts of Ontario.

Appreciation of Dr. Clare's services, both personal and medical, was expressed on the evening of January 28th, when the Ontario Hospital staff presented him with a gold watch. The doctors, nurses, attendants and their friends gathered in the auditorium of the Ontario Hospital on Queen Street and greeted with generous applause all references to his work during his term of office at that institution. In his reply, Dr. Clare, after reviewing the activities of a lifetime in various institutions, declared that the nurses and attendants in the Ontario Hospital and the services they performed were not

excelled in any similar institution on the continent. Words of commendation for the services rendered by Dr. Clare were expressed by Dr. F. S. Vrooman, W. W. Dunlop, Inspector of Prisons, the Deputy Provincial Secretary, Dr. N. H. Beemer of Mimico, and Dr. D. R. Fletcher of the hospital staff.

Dr. Clare took up his new duties at Homewood on February first.

GENERAL HOSPITAL, ST. JOHN, N.B.

Receipts from paying patients in the General Public Hospital during December amounted to $5,301.99, bringing the total receipts for the year from this class of patients to more than $7,000 above the amount that was estimated, so reports submitted to the Board of Commissioners on January 9th showed.

M. E. Agar, president, was in the chair. Others present were Commissioners Mrs. J. V. McLellan, Alexander McMillan, Dr. W. W. White, W. E. Emerson, Hon. Dr. W. F. Roberts and R. H. Gale, superintendent.

Mr. Agar told of a committee having appeared before the finance committee of the municipality and in presenting estimates for the coming year having pointed out the need of installing a third boiler in the power house, to be paid for in bond issue. Prices of boilers submitted varied from $7,350 to $4,054 and $2,275, and it was said it would cost $1,000 to install a boiler. The matter of the need of a new boiler was referred to the coal committee for further report.

The report of the superintendent, R. H. Gale, gave statistics of the month as follows: Total patients 307, remaining on December 31st, 132; died, 12; operations, 61 in operating room and 93 in outpatient department, where 762 treatments were given. The report told also of Miss Edna Riley entering on her duties as assistant dietitian on December 31st. As two orderlies were patients in the hospital, substitutes were being sought. Many gifts were received at Christmas for the hospital, which were acknowledged.

On December 26th a break in the out-patient department plumbing occurred, due to freezing. High winds loosened the copper roofing on the cupola because of the condition of the woodwork underneath. It was decided to look into the condition of the roof in the spring. Dr. White said the original roof of the hospital had been a pitched roof, shingled. He had a photograph of the original building.

Mr. Gale asked consideration of the suggestion that a new passenger elevator should be installed.

Receipts totalled $24,978.36 and included the following amounts: City, $14,000; county, $4,004.82; pay patients, $5,301.99; X-ray, $896, and sailors, $249. The unpaid accounts totalled $953.98 and the balance in the bank was seven cents. The year's expenditure was $178,451.76.

The superintendent of nurses, Miss Margaret Murdoch, reported seven graduates and fifty-five pupil nurses enrolled, of whom three were ill. Miss Thelma Swanton and Miss Gertrude Bickerstaffe graduated.

The medical board submitted a routine report. The out-patient department year's report showed 9,144 visits from patients; 2,327 patients had attended and 1,313 operations were performed.

The dietitian, Miss E. S. Bunnell, reported for twenty days that 14,642 meals were served and she thanked the board for providing an assistant for her department.

Miss E. J. Mitchell, matron, reported the need of a second man to do the cleaning and reported 234 articles of linen supplied the institution in the month and 269 to the operating room in the year. She hoped renovations could be made in the interior of the nurses' home.

Miss J. Sandall, linen matron, reported 7,618 articles in use.

Miss Belle B. Howe, social service nurse reported fifty-eight visits and nineteen of tonsil and adenoid cases investigated, five being found able to pay a small amount. Cabs were provided for five patients, work found for two and of referred cases four were sent to the Health Centre and four to the Women's Hospital Aid.

Donations of clothes from individuals and the Junior Red Cross had been specially welcome because of the great amount of unemployment.

The statement which had been presented to the finance committee of the municipality by the estimates committee was endorsed by the meeting.

Mr. Agar was appointed commissioner for the month. The remainder of the meeting was taken up with discussion of matters of interior economy.

PAYZANT MEMORIAL HOSPITAL

The Ladies' Auxiliary of the Payzant Memorial Hospital, Windsor, N.S., at its annual meeting, reported a successful year's work. The Auxiliary attends to the furnishings and has

the hospital in an excellent condition, with the supplies up to present needs. The sum of $500 was voted towards the maintenance fund of the hospital.

The election of officers for 1925 resulted as follows: President, Mrs. W. C. Churchill; first vice-president, Mrs. O. B. Keddy; second, Mrs. Wm. Redden; third, Mrs. R. T. Christie; fourth, Mrs. Fred Curry; fifth, Mrs. Wm. McNamara; secretary, Mrs. J. E. Mortimer; treasurer, Mrs. J. N. Bullivant; auditor, Mrs. F. J. Curry.

HOSPITAL MAKES GAIN

The Kingston General Hospital some time ago was left a large bequest under the will of the late C. S. Campbell of Montreal, a son of the late Sir Alexander Campbell.

At the time it was estimated that the bequest was worth approximately $280,000 free of taxes, being almost all made up of United States securities. But following the election of President Coolidge in the United States the stock market there has had a phenomenal advance. When this advance seemed at its height the local trustees of the bequest took advantage of it to dispose of all the American securities in the Campbell bequest, with the result that they realized over $350,000 and interest as against the early estimate of $280,000, a clear gain of fully $70,000 for the hospital.

At the same time the funds so realized were immediately invested in Canada bonds, which at that time had not enjoyed any appreciable advance, but which since then have made considerable gains, and thus it is that the trustees "caught" the market coming and going.

M.G.H. ALUMNAE

At the annual meeting of the Montreal General Hospital Alumnae Association, held at the hospital on January 9th, the following officers were elected for 1925: President, Miss Frances L. Reed; first vice-president, Miss S. E. Young; second vice-president, Miss A. E. Lang; recording secretary, Miss E. Robertson; corresponding secretary, Mrs. D. A. White; treasurer, Miss R. Stericker; treasurer of the Sick Nurses Benefit Fund, Miss H. Dunlop.

The following were appointed to the executive committee: Miss F. M. Shaw, Miss M. K. Holt, Miss F. E. Upton, Miss I. Davies, Miss McCarogher.

RETIREMENT FROM HOSPITAL BOARD

The retirement of Mr. George K. Muirhead from the Hospital Board of Brantford will serve to remove the services of a valuable member. Not alone has he done excellent work as a governor, but, in addition, he had during previous years discharged many secretarial duties without remuneration. The City Council, in selecting Mr. James E. Quinlan as his successor has named a gentleman of excellent business capacity and proved public service in more than one direction.

CITY HOSPITAL AT END OF TETHER

Stating that the General Hospital of Winnipeg would either have to be closed or handed over to the city at increased cost to the taxpayers, unless further assistance were forthcoming, J. S. Hough, K.C., president of the hospital board, placed the situation before the Civic Finance Committee on January 9th. Mr. Hough stated that the trustees had come to the end of their tether. The deficit for 1924 was $54,000. He asked that the city assume 76 per cent. of this, or $41,000, since 76 per cent. of the public ward patients came from Winnipeg. The provincial government was being asked to shoulder the remaining 24 per cent.

The hospital, said Mr. Hough, could no longer pay promptly for its supplies. Its bank overdraft was at a maximum and there was no prospect, as things were, of preventing further deficits. He asked the city to assume in future the deficit on the out-patient department. The latter department could not be dispensed with. Without it the running of the hospital would be more expensive, as many of the out-patients would have to be accommodated in the hospital.

Alderman Simpson mentioned that before the next meeting of the committee the hospital board would meet and the aldermen upon it would have an opportunity to discuss Mr. Hough's statements with the other trustees. The matter was accordingly laid over, it being understood that Alderman McKerchar, chairman, would be present when the hospital board met.

HOSPITAL STAFF AT HOME FRIDAY

Guests overflowed the beautiful drawing-room at the Nurses' Home, Municipal Hospitals, Winnipeg, on January 9th, the occasion being the annual at home and dance to friends of the

staff. Aldermen Leech and Boyd and Commissioner W. B. Lowe received the guests as members of the board, and W. R. Milton, the new member of the board, was also present. Many heads of civic department attended with their wives, along with many others.

Dr. A. B. Alexander, superintendent, and members of the medical staff, George Stoker, secretary, and Mrs. Stoker, together with nursing staff, furnished a most enjoyable evening.

HOSPITAL CHARGES PROBLEM

The problem confronting the trustees of the Civic Hospital, Ottawa, regarding the treatment of patients according to specified rates of payment, is one which is met in common by all large institutions of the kind. The hospital authorities have tried to meet the situation in the best way and according to the practice followed in other Ontario cities. But the problem remains unsolved.

What it amounts to is that a patient has either to choose between the public ward (at $1.50 a day, if he can pay), or semi-private rooms at rates ranging from $2.75 to $7 a day. And no credit is given. This means that only the very poor or the comfortably off can afford to enter hospital. The person of moderate means, attacked by illness, fears the hospital because a prolonged stay means the melting away of savings and sometimes financial ruin. He shrinks, naturally, from entering the public ward with the stigma of charity attached to it, and is driven to seek accommodation in the private or semi-private rooms.

In cities like Ottawa, where the vast majority of persons are of moderate means, the hospital authorities would be justified in studying this question from the standpoint of the capacity of the patient to pay. That is the system in use at the Ford hospital at Detroit. In Ottawa at present a man with $1,000 a year pays as much as a man with $10,000.

HOW HAMILTON HANDLES PATIENTS

Information has been received by Mayor Balharrie, of Ottawa, regarding the treatment of patients in the public wards of Hamilton's Civic Hospital. The Mayor wired Superintendent Dr. Langrill, of Hamilton, as the result of the controversy over whether outside doctors should be permitted to treat their own patients in the public wards of Ottawa Civic Hospital.

Dr. Langrill's reply follows: "Our public wards are used for treatment of free patients only and by staff doctors only. No doctor not on staff allowed to follow in case and treat it in public ward. In the event of transfer from semi-private or private ward to public ward attending doctor not allowed to treat further. Patient is transferred to care of staff doctor. This is necessary because the hospital board is responsible for the treatment of all public ward patients.

"Our semi-private rate, both medical and surgical, is so low, namely dollar and half ($1.50) a day that it practically gives any doctor in the city the privilege of attending in a semi-private ward any of his patients except all unable to pay either doctor or hospital."

Conditions at the Civic Hospital, Ottawa, as far as rates for public ward patients are concerned are somewhat different. There is a nominal charge of $1.50 in the public wards, but in Hamilton there is no charge. But no doctor can follow his patient into the public ward in Hamilton and treat them in a public ward. As pointed out the semi-private ward rate in Hamilton is only $1.50, but in Ottawa it is considerably more.

HOSPITAL ASKS PAYMENT FOR CITY'S INDIGENT PATIENTS

Protests were lodged with the Board of Control on January 21st by the Toronto Free Hospital for Consumptives board against the concellation of some thirty city orders for the admission of indigent patients.

The cancellations were made by Thos. Rooney, City Relief Officer, upon the grounds that the patients were not indigent.

John Godfrey, K.C., stated that the hospital had to accept the patients who could not pay for their own treatment. If the city refused, the private subscribers would have to meet the expense, which threw the burden that should be borne by the community upon a few. The city had agreed to be obligated to the extent of $1.50 a day under statute for its own indigent patients.

"We have to raise $5 a week for every patient from somewhere," said Mr. Godfrey.

Hon. W. A. Charlton, president of the hospital board, and Miss Stewart, secretary of the Samaritans' Club, also asked the board to order these accounts paid. The controllers promised to consider the request.

SIMCOE'S NEW HOSPITAL

The Norfolk General Hospital at Simcoe will be opened early in April. It is a 23-cot establishment of rugged brick on a concrete foundation. The contract for the complete building, 88 and 34 plus 34x36, including wiring, plumbing and heating plants, was awarded to Schultz Bros. of Brantford, for the sum of $50,800. The work began last September. The south end, exposed, is calculated to receive later a sunroom. The operating suite is in the north end on the second floor and is said to be designed, and will be equipped as efficiently as any Canadian hospital, if not on so large a scale as some.

The initial contribution to the funds for the erection of this hospital was made in the will of the late James Algeo of Simcoe who died about ten or twelve years ago. It now amounts to about $13,000. Almost $75,000 has been added to this. A few years ago $5,000 from the executors of the W. P. Innes estate; on Christmas, 1923, a five acre ideal site from W. L. Innes of Simcoe, and several others in four figures, but hundreds of small contributors from all over Norfolk county, though Simconians alone contributed this year over $40,000.

The building is designed to receive when necessary a second unit to the rear of the wing. This is the first hospital in Norfolk county and the movement and enterprise is in high favor throughout the township.

PRESENTATION TO JUBILEE HOSPITAL, VICTORIA, B.C.

Another big effort on the part of members of the Florence Nightingale Chapter, I.O.D.E., was decided upon at the meeting, held at the home of Mrs. J. Gorman, Linden Avenue, Victoria, B.C. on December 31st, when the chapter announced its intention of purchasing a quartz air cool lamp for use in the tubercular ward of the Jubilee Hospital. These lamps have met with a good deal of success and it is interesting to know that the chapter has been warmly complimented by members of the medical faculty in their effort to install one at the local hospital.

Through the efforts of this chapter the sunroom was erected at the Jubilee Hospital and entirely furnished before being presented to the hospital, and the members have always kept in touch with patients of the tubercular ward, so that this new endeavour is another example of their splendid work.

SASKATOON CENTRE, ST. JOHN AMBULANCE

Presentation of certificates in Home Nursing and First Aid were made by Dr. J. A. Snell at the annual meeting of the Saskatoon Centre, St. John Ambulance Association, on Jan. 14th, in the Princess school auditorium.

NURSING ASSOCIATION HOLDS MEETINGS

The Registered Nurses' Association of Moose Jaw, Sask., held their regular meeting on January 7th, in the club room of the Y.W.C.A. Mrs. W. F. Ironsides, Mrs. F. C. Harwood, Mrs. G. A. Lydiard, Miss Helen Riddell and Miss French were appointed representatives to the annual meeting of the Local Council of Women.

TAKES HOSPITAL POSITION

Miss Margaret Haines, R. N., of Woodstock, has recently taken the position of matron in Ancrum Brae Hospital at Stratford.

SANATORIUM FOR SASKATOON

"In spite of the irresponsible criticism offered by the federal member for Saskatoon (John Evans) that the building of a second sanatorium was a useless expenditure, we do not intend to stand at ease but will continue to still further lower the mortality from tuberculosis."

Hon. J. M. Uhrich, minister of public health, made the above declaration during the debate on the budget in the legislature of Saskatchewan on Jan. 12th, when he reviewed the varied work of the department of public health.

Dr. Uhrich quoted statistics from the report of the anti-tuberculosis commission showing that forty per cent. of all school children at the age of six years were infected with tuberculosis, sixty per cent. of children at the age of thirteen years, while out of a class of Normal students of an average age of eighteen years there were seventy-six per cent. infected with the dread white plague.

At the time the anti-tuberculosis commission reported there were 1,625 open active cases of tuberculosis in Saskatchewan outside the sanatorium at Fort Qu-Appelle, he said. And yet John Evans had the temerity to suggest that it was a waste of money to make an effort to save these lives.

Dr. Uhrich suggested Saskatoon was the logical site for the second sanatorium. If the cases originating in the northern part of the province were accommodated at Saskatoon the Fort Qu'Appelle sanatorium would be in a position to provide ample accommodation for the southern part of the province. To have the sanatorium at Saskatoon would save money to the patients and their relatives and friends who would not have to travel so far in visiting the sanatorium.

Other matters taken into consideration by the government before they decided upon Saskatoon included electric power facilities, street car facilities and easy access by various lines of railway. Saskatoon was the only place in the north where all these necessary facilities could be found.

TAXPAYERS BEAR UNFAIR BURDEN

Dr. W. F. Langrill was one of the members of a deputation which appeared before Hon. Lincoln Goldie, provincial secretary, at Toronto, on Jan. 14th, on behalf of the Ontario Hospital Association, to ask that the grants to the city hospitals from the townships and counties be increased.

Discussing the situation, T. H. Pratt, chairman of the hospital board, declared that the present method was both unfair and absurd. It costs the city of Hamilton $3 a day for each patient, yet the townships and counties adjacent, who sent patients in, only paid $1.50 a day. "We can't refuse these patients," said Mr. Pratt, "we are compelled by legislation to take them in, but we fail to see why the city should pay part of the cost of caring for patients from outside."

The increased grants sought by the hospitals were reasonable, Mr. Pratt declared, yet the provincial secretary, according to Dr. Langrill, has not appeared to receive the request very favorably, though consideration of it was promised.

The whole cost of maintenance which the city pays was not asked for. What was requested was that the grant of $1.50 a day from the outside municipalities be increased to $2, and the grant of 50 cents a day from the provincial government be increased to 60 cents. This would make the receipts from the two sources for each patient $2.60, and the city would pay the remaining forty cents.

The municipalities were not the only bodies who imposed upon the city in this manner, the chairman of the hospital board continued. The Workmen's Compensation Board was another body that did not pay the full amount of its patients. It paid $1.50 a day and the government paid fifty cents, so that the

grants in this case were on a par with those received in connection with outside cases. Efforts to increase the grant had also been unsuccessful so far.

An unfair burden was being imposed on the taxpayers of the city by these arrangements, Mr. Pratt declared. Not only had they to pay for the free patients who lived in the city, but they had also to pay part of the cost of the maintenance of patients from outside and those of the Workmen's Compensation Board.

OTTAWA GENERAL HOSPITAL STAFF RE-ORGANIZED

A re-adjustment of the medical staff of the Ottawa General Hospital, Water Street, which was necessitated by the resignation of several doctors who had accepted appointments at the new Civic Hospital, has taken place.

Under the re-organization, Dr. R. Chevrier is chairman of the medical board. Dr. C. A. Young, vice-chairman, and Dr. J. M. Ravary, secretary. The staff consists of the following: Dr. S. M. Nagle, Dr. F. P. Quinn, Dr. R. H. Parent, Dr. J. Lamy, Dr. J. C. Wood, Dr. A. Charlebois, Dr. J. C. DeHaitre and Dr. J. M. Laframboise.

Whilst these doctors are the only ones to have access to the public wards, the private and semi-private wards are open to all medical practitioners for their patients.

Anesthetists are Dr. J. H. Legault, Dr. E. Brunet and Dr. H. H. Gordon. On the associate staff of the hospital are Dr. R. H. Connors, Dr. J. Lemay, Dr. P. Belanger, Dr. E. P. Byrne and Dr. J. H. Lapointe; while a number of other names are likely to be added in the near future.

The whole staff of the hospital meets every month to consider the mortality and morbidity of the patients. To these conferences are invited all medical practitioners who have attended patients in the hospital during the foregoing month.

The Water Street Hospital, which is thoroughly up to date in all departments, has now a capacity of 250 beds. It is controlled and managed by the Grey Nuns of The Cross and is under the direct supervision of Rev. Sister Mary Eugenie. In addition to the Sisters and the graduate nurses, there are at present more than one hundred nurses in training at the establishment. Of such magnitude is the work involved in the hospital routine that over and above the medical staffs there are more than seventy-five employees; many of these are employed in the kitchen which is of the very latest type, with modern hospital departments under the supervision of an expert

dietitian. The kitchen, with the refrigerating plant attached, cost a sum in excess of $60,000. The hospital laundry, fitted with the latest word in sanitary appliances, is also of considerable dimensions.

MEDICAL HEALTH OFFICER PROPOSES INDIGENT FLAT RATE

A suggestion that a lump sum be paid to hospitals by municipalities for the care of their indigent patients was contained in the annual report of Dr. J. S. McCallum to the Esquimalt Council at Victoria, B.C., on Jan. 12th.

Mr. McCallum, drawing attention to the large number of patients classed as indigent, suggested that this was a post-war condition, and that municipalities might find it more expedient to agree with hospitals on a lump sum for such service.

Vital statistics tabled showed Esquimalt's municipal health to be of the first order. The stork made forty-two visits, bringing twenty-one girls and twenty-one boys to Esquimalt homes. Marriages totalled fifteen, with a like number of deaths. Infant mortality was confined to one case throughout the year, in an estimated population of 5,000 people.

Milk was inspected, premises visited, and the district generally supervised. In summing up Dr. McCallum points to Esquimalt as an extremely healthy place in which to live, a fact that finds a reflection in its vital statistics.

CONSTRUCTION OF HOSPITAL RUSHED

Action toward immediate construction of a $250,000 infectious diseases hospital in Vancouver was taken at the first meeting of the civic health committee for the year on Jan. 13. On recommendation of the chairman, Ald. G. H. Worthington, it was decided, subject to the approval of the hospital board, to send Ald. F. P. Rogers, civic works chairman, Dr. F. T. Underhill, M.H.O., and A. J. Bird, building inspector, to California to study modern hospital centres at San Francisco, Los Angeles and Oakland. Plans, based on information gained in the south will be prepared as soon as possible and construction commenced, it was agreed.

Ottawa members will be approached and wires dispatched to cabinet ministers at once asking for a grant from the Sick Mariner's Fund toward the capital cost of the new building. An

additional appropriation would enable the plans to be extended to accommodate twenty beds, which Dr. Underhill advised should be considered a minimum requirement.

MISS JOHNSON BECOMES HOSPITAL SUPERVISOR

Miss Ethel Johnson, daughter of Hon. T. H. Johnson, took up her duties on Jan. 15th as supervisor of private wards in the Winnipeg General Hospital.

Miss Johnson, who is a graduate of St. Luke's Hospital, St. Paul, has been serving on the Provincial Board of Health nursing staff. Her appointment to her present position in the General Hospital follows the resignation of Miss Elspeth Mossop, who was married recently. Miss Jessie Dodds, a recent graduate of the Winnipeg General, is appointed to fill the vacancy on the public health staff caused by her resignation from that position.

ALBERT McDOUGALL LEAVES BOARD OF GENERAL HOSPITAL, BROCKVILLE

The annual meeting of the Board of Governors of the General Hospital held recently in the Victoria building, was marked by the retirement from the board, after many years of service, of A. D. McDougall, its president for the year 1924, and the election of Dr. T. F. Robertson to succeed him. It was also announced that His Honor Judge Dowsley, through pressure of other duties, desired to be relieved of office upon the board and that the Ministerial Association, anxious that business men should be more adequately represented upon the board, had decided to reduce its membership from four to three. To fill these vacancies, W. H. Comstock and I. C. McClean were elected. D. A. Cummings was re-elected secretary, and H. B. White, treasurer.

The reports which were presented at the meeting demonstrated the usefulness of the institution as a community undertaking and the satisfactory position in which it stands. It was announced that the estimated returns from the recent campaign in support of the hospital would amount to a sum in the neighborhood of $12,000, which would go far towards reducing the overdraft of the institution.

President's Report

The retiring president, A. D. McDougall, reported as follows: "It is a matter of regret that the annual statement of the hospital for the last year shows a deficit. This deficit is

largely due to changes and improvements which have been made during the year for the betterment of conditions in the hospital in the way of carpenter work, painting, etc., at a cost of about $4,000. A motor has been installed in the laundry at a cost of $400, with the result that a saving of $30 per month in fuel has been effected. The road entrance to the hospital has been paved at a cost of $812, to which the Warren Paving Co. of Toronto, donated $500. These changes and improvements are not chargeable to the operations of the hospital, but are required to be provided for out of capital account. The revenue received from patients does not, nor is it intended, to meet expenses on capital account.

"The Brockville General Hospital is no exception to the general rule. No hospital not endowed is self-sustaining. Were it not for the generosity of the public many hospitals would have to close their doors.

"The nurses' training class has proved a success, last year turning out 12 graduate nurses, six of whom are now filling positions in hospitals in the United States. All the graduates will without doubt, prove a credit to the hospital as well as to themselves in their future careers.

"The hospital has been well patronized during the year. Commendation of services rendered is due our efficient lady superintendent, Miss Shanette, and the well-organized staff. It is a pleasure for the board to put on record its satisfaction with the harmony existing in the hospital, and its appreciation of the efforts of the staff to promote the best results.

"The board is deeply grateful to the Ladies' Auxiliary for its activities and for the work which it has performed without which it would be well nigh impossible to carry on the hospital. The board realize and appreciate the increasing efforts of the Auxiliary to help in the administration of hospital affairs.

"The thanks of the board are due the medical staff for the interest taken by them in the welfare of the hospital and to all others who contributed in any way to the comfort of the sick.

"The board is pleased to put on record its appreciation and sincere thanks to all who assisted in any way in the recent appeal for funds to lessen our overdraft in the bank. Specially do we thank all who subscribed so cheerfully and liberally to our appeal. The board records its sincere thanks to all who responded so liberally on hospital donation day.

"The board does not hesitate to say that the Brockville General Hospital is doing good work and is worthy of the confidence, the sympathy and support of the public."

The statistical statement presented by the secretary, D. A. Cummings, emphasized the increasing patronage which is being granted the hospital. During the year ended September 30 no fewer than 1,037 patients, 405 of them males and the remainder females, were lodged in the institution, while the number of deaths occurring reached a total of fifty-four. The collective days' stay of patients amounted to 18,981, an average days' stay of 18,303. Out-patients numbered 456. The dormitory accommodation of the hospital is now 80 beds, and the cradle capacity eleven. Of the 1,037 patients, 873 were Canadians.

The report of Miss B. Beatrice Hamilton, nurse-in-charge of Rœntgenology, showed that 168 patients had been treated in this department as opposed to 167 in 1923. Revenue amounted to $1,197, as opposed to $1,167, and expenses for new equipment and supplies totalled $430.23, in contrast to $335.09. Seventy-four of the 168 were out-patients.

William Hamilton, chairman of the property committee, also presented a detailed report of the renewals and improvements which have been made to the property during the year, and Mrs. I. J. Mansell, for the Ladies' Auxiliary read the report of the recording secretary, Mrs. R. J. Driver, who was unavoidably absent.

The Board of Governors will be constituted for the ensuing year as follows: President, Dr. T. F. Robertson; Secretary, D. A. Cummings; Treasurer, H. B. White; Members, Rev. R. M. Hamilton, Rev. Canon F. Dealtry Woodcock, Rev. F. M. Wootton, William Hamilton, Robert Craig, W. F. Chapman, W. H. Comstock, E. J. Smith, J. H. A. Briggs, Hon. Arthur C. Hardy, I. C. McClean, R. J. Driver.

OTTAWA CIVIC HOSPITAL

At the special meeting of the Ottawa Medical Association called on Jan. 16th to consider the matter of doctors' privileges at the civic hospital, a discussion on the matter, in which nearly every doctor in the city took part, failed to bring the deadlock to an end. Dr. Campbell Laidlaw, president of the association, was in the chair, and he placed the debate in closure from the start, giving every doctor ten minutes to speak.

As a result of the evening's deliberations, a committee of twelve doctors, chosen from both sides, was appointed to meet go carefully into the question and report back to another meeting of the association.

Every doctor on the hospital staff who spoke was in favor of the present system, which allows only staff doctors the right to visit patients in the public wards, while every doctor not on the staff who was heard, urged that this policy be done away with and every doctor be allowed to follow his own patients to the public or any other ward.

The meeting was held at the Carnegie Library and was one of the best attended meetings ever held by the local medical association.

The committee consists of:- Doctors J. Kidd, J. D. Courtenay, J. L. Chabot, J. A. Dobbie, Clarence H. Brown, W. E. Crain, D. E. Winter, J. E. Craig, R. Law, J. J. Danby, R. H. Parent and J. T. Basken. The committee when it meets will appoint its own chairman.

DEATH OF NURSE McLELLAN

The funeral of the late Miss Lilian McLellan took place on Dec. 30th from the home of her mother, Mrs. Kenneth McDonald, Doaktown, N.B., and was largely attended. Service was conducted by Rev. Mr. Firth and Rev. Mr. Rutledge and interment was made in the Presbyterian cemetery.

The late Miss McLellan was thirty years of age, and had trained at Newton, Mass., and Providence, R.I., for a nurse. When taken ill a year ago she had only a few months to serve before receiving her diploma. She had been confined to her bed since Dec. 26th, 1923, and the news of her death, while not unexpected, will be heard with sincere regret, as she was loved by all who knew her. She is survived by her mother, two brothers, W. J. McLellan, of Saskatoon, and John McLellan, in Maine; one half-sister, Helen Donald, and two half-brothers, Everett and George Donald.

NURSE BURNED WHEN STERILIZER EXPLODES

Miss Mary Sanderson, of Springbank, left for her home on Jan. 3rd after completing a three-year training course as a nurse in Victoria Hospital, London. For the past three days Miss Sanderson had been confined to the nurses' home, suffering from burns received in an accident in the institution.

Accounts of the accident indicate that Miss Sanderson was engaged in the isolation ward at the time and that a sterilizer exploded, causing severe burns on her face and hands. She is, however, almost completely recovered.

BEQUESTS UNDER THE DUNLAP WILL

Under the will of the late D. A. Dunlap, whose philanthropy was well known throughout Canada, the following will benefit: Toronto Young Men's Christian Association, $50,000; Board of Regents, Victoria University, $250,000; Trustees, Toronto General Hospital, toward endowment, $250,000; University of Toronto, for research, $100,000; Protestant General Hospital, Pembroke, Ont., $25,000; Canadian National Committee for Mental Hygiene, $10,000; The Missionary Society of the Methodist Church, $250,000; Methodist Union of Toronto, $75,000; Board of Trustees, Sherbourne Street Methodist Church, Toronto, $12,500; Board of Trustees, Union Church, Haileybury, $5,000; Board of Trustees, Union Church, Mattawa, $2,000; Board of Trustees, Union Church, Timmins, $2,000.

SERIOUS FILM HAZARD IN HOSPITALS

The Insurance Field has had its attention drawn, authoritatively, to the fact that in hundreds of hospitals throughout the United States thousands upon thousands of feet of highly inflammable X-ray film are stored without the proper fire prevention precautions being taken.

On account of workmen's compensation laws, and for other reasons, it is the tendency of hospital authorities to retain films of this character for at least five years and such an accumulation, of course, soon becomes a hazard of the first magnitude—a menace to the lives of many thousands of patients and to the hospital personnel.

As usual, this discovery comes from the insurance engineers who, in the study of fire hazards in their relation to ratings, undertake to point out the safeguards that should be taken to prevent the otherwise inevitable.

While the X-ray film hazard in hospitals cannot be considered quite as serious as that of motion picture film storage, it is serious enough.

Nitrocellulose films used in hospital work give off an inflammable vapor and when stored in a warm closet or compartment (where usually they are stored in separate envelopes) become particularly susceptible to fire. In burning they give off a dense and suffocating black smoke, and are almost unquenchable by water as the film in burning supplies its own oxygen. The smoke, too, impedes both rescue work and fire fighting.

In the opinion of qualified insurance engineers this situation must be met by requirements similar to those prescribed by the National Board of Fire Underwriters for the storage, handling and use of pyroxylin plastic in factories.

In general such regulations would require the storage of films, when kept in any considerable quantities, in a vault not exceeding 1,500 cubic feet in capacity and not in proximity to boilers, stacks and other sources of heat. The usual construction requirements of steel and masonry would be indicated. A definite limit would be set as to the number of pounds of films which might be stored in such a vault with the usual fire doors and fireproof shelving and racks. Automatic sprinklers should also be installed to possibly check incipient fires or to hold down the intense heat.

Construction elements in hospitals alone offer too many opportunities for holocaust without the fire menace of unprotected nitrocellulose films. But will this warning of the insurance engineers be heeded? Others equally important have *not*.

SCHOLARSHIP FOR NURSES

That a scholarship be founded in the new department of nurses' training at Western University was the interesting suggestion thrown out by Miss Grace Fairley, the lady superintendent of Victoria Hospital, at the annual meeting of the Women's Auxiliary Board of the institution held on Jan. 5th.

Although no action was taken in the matter, much thought on the subject was aroused. The members were also interested in the suggestion made by the president, Mrs. F. J. Greenaway, that during the coming year the Board help to emphasize the need for a new nurses' home. The meeting was held in the nurses' classroom.

The officers elected at the meeting include: Honorary Presidents, Mrs. James Gray and Mrs. W. M. Gartshore; Honorary Vice-Presidents, Mrs. G. A. Wenige, Mrs. James Granger and Mrs. Laidlaw; President Mrs. F. J. Greenaway (all unanimous); First Vice-President, Mrs. Tom Benson; Second Vice-President, Mrs. Donald Graham; Third Vice-President, Mrs. Frank White; Secretary, Mrs. A. T. Edwards; Treasurer, Mrs. Alfred Drew; Social Committee, Mrs. Frank White and Mrs. Angus Graham; Nurses-in-Training Convener, Mrs. John Rose; Flower Convener, Mrs. Tom Benson; Library and Visiting Convener, Mrs. H. A. Winnett; Linen Convener, Mrs. H. J. Sutherland; Social Service Convener, Mrs. A. T. Edwards; Publicity Convener, Mrs. F. J. Greenaway.

In the report presented by the treasurer, Mrs. A Drew, it was shown that the receipts since the inception of the Board were $285, the disbursements were $275.25, and the balance on hand is $9.75. Mrs. A. T. Edwards outlined the work done by the Board and showed that a great many necessary departures had been accomplished.

Col. W. M. Gartshore, Dr. G. C. Clegg and Miss Grace Fairley were all present, and in brief addresses commended the work of the Board, demonstrated in the reports received. Mrs. H. A. Winnett reporting for the visiting and library committee showed that 875 books were exchanged, that there are 347 books on hand and that the committee has made 144 visits. She particularly congratulated Mrs. James Chalmers, an associate member of the group, who has distributed 543 magazines and who donated the travelling library.

Mrs. Frank White, reporting for the social committee, showed that the cost of the Christmas cheer and concerts supplied the patients amounted to $158.19, and that the funds for this work had been provided from the bridge held by the Board. Out of this report also came the suggestion that a piano to be used for ward concerts is badly needed at the hospital.

The linen committee was represented by Mrs. H. J. Sutherland, who reported that the members of the True Kindred Conclave, under the convenership of Mrs. Weir, will visit the hospital once a week for three months to make surgical supplies. The members regretted the absence through illness of Mrs. John Rose and Mrs. Tom Benson. At the conclusion of the meeting afternoon tea was served by Miss Fairley, assisted by the supervisors.

GOLDEN WEDDING OF DR. AND MRS. ANDREW MACKAY, WOODSTOCK

Andrew MacKay, Woodstock's oldest practising physician and former member of the Provincial Legislature for North Oxford, and Mrs. MacKay received the congratulations of scores of the citizens of Woodstock on the celebration of their golden wedding on Jan. 13th. A dinner party attended by only members of the family and immediate relatives was given at noon, when the couple were showered with gifts. Dr. and Mrs. MacKay are both immediate descendants of pioneer Zorra families, their parents having come to this country from Scotland in 1831 and settled in Oxford County. They were married at the home of the bride's parents, Mr.

and Mrs. Peter MacKay, Tenth Line, East Zorra, on Jan. 13, 1875, the clergyman being Rev. Mr. McTavish, the second minister of Chalmers Presbyterian Church. Dr. MacKay was born in 1842 on the Eighth Line of West Zorra, and after living on the farm until he was eighteen years old, he served for six years as a teacher. He then entered college to study for medicine and graduated in 1871. He has thus been practising for the past fifty-four years and in recognition of this, has been elected a life member of the Medical Association. He practised at Underwood in Bruce County for nineteen years, and in 1890 came to Woodstock. He was four years an alderman of the city and for two years its mayor, and in 1908 was elected as Liberal member for North Oxford in the Legislature, serving for only one term.

PEEL HOSPITAL REPORT

The Board of Governors of the Peel Memorial Hospital, Brampton, feel that they have concluded the most important year in the history of that organization, having opened the hospital on February 2, and made arrangements for the actual operation of the institution on February 9. The treasurer Mrs. Robert Crawford, announced that the total receipts for the year were $10,226.54, of which $1,283 was private subscriptions, $115 members' fees, $430 from a banquet, $125 from a concert, and $297.60 from a play, $5,000 from Brampton Council, and $2,000 from the County Council. The total expenditures were $7,588.66, leaving a balance of $2,637.88. The amount of debt still outstanding on the hospital is about $5,000, including the mortgage of $3,000.

James Harmsworth told of a plan to secure 1,000 members through the county at an annual fee of $5. Members paying this fee to have the privilege of voting at the annual meeting.

Dr. and Mrs. R. N. Burns, Toronto announced that they will give $100 and name a bed in memory of their son, Major J. G. Burns. D.S.O.

The following officers were elected: President, James Harmsworth; Vice-President, Lieut.-Col. R. V. Conover; Secretary, Mrs. Art Hornby; Treasurer, Mrs. R. Crawford; the above, with the following forming the Board: Mrs. M. Broddy, Mrs. Annie Hall, Mrs. W. J. Hunter, Mrs. James Martin, J. D. Steen, George Bland, W. J. Fraser, Mrs. F. Vanderlip, George Akehurst, T. W. Duggan, L. J. C. Bull, T. H. Fraser, F. W. Wegenast.

Miss Grace Rusk, Public Health Nurse, of Owen Sound, recently attended a special course in Public Health work in Toronto.

The ninth annual clinical session of the American Congress on Internal Medicine will be held in Washington, D.C., March 9-14, 1925.

At the annual meeting of the St. Elizabeth Visiting Nurses' Association held in St. Michael's College Toronto, Jan. 9th, it was announced that Miss Helen Heffernan had been appointed superintendent in place of Miss Ditson, who resigned to be married during the year. Miss Heffernan is a former well known Guelph girl. She was a nurse overseas and saw considerable service in France.

Book Reviews

Sir William Osler Memorial Volume. Published Under the Auspices of the International Association of Medical Museums. Obtainable by Subscription, $10.00 in advance, to Dr. Maude E. Abbott, 1300 Spruce Street, Philadelphia, Managing Editor. Sir Humphrey Rolleston, 55 Upper Brook St., London, W.I., England, or Dr. Charles F. Martin, Dean of the Medical Faculty, McGill University, Montreal, Canada.

This memorial volume, which will appear in April, 1925, contains some four hundred pages devoted to editorials and articles about Sir William Osler and many reminiscences of his early years and of his life and work at Montreal, Philadelphia, Baltimore and Oxford, which have been contributed by over ninety of his friends, associates and former students. In addition, there is a classified bibliography of Sir William Osler's contributions to medicine and also a bibliography of "Writings about Osler." The work of the volume was commenced in 1921, aided by a publication fund contributed by the National Research Council, Sir Edmund Osler, the Honorable Mr. Justice Featherstone Osler, Mrs. K. S. Reford, Mr. J. J. Carty and others. The volume is splendidly edited and illustrated, and is being published by the Murray Printing Company, of Toronto.

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Manual of Psychiatry for the Medical Student and General Practitioner. By Paul E. Bowers, M.S., M.D., Examiner in Lunacy, State of California. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Limited, Toronto and Montreal. 1924. Price $4,00 net.

How true it is that the rank and file of the medical profession know far too little of psychiatry and that from time to time practitioners are face to face with a case, the treatment of which is puzzling. That all medical men should have a working knowledge of such problems, there can be no doubt and this volume of Dr. Bowers' is one that will solve such difficult situations, making them familiar with mental disease and those derangements that present themselves and require immediate attention and until such a time as a psychiatrist can be called into consultation.

A Text-Book of Surgical Handicraft: For the Use of Medical Students. By J. Renfrew White, M.S. (N.Z.), F.R.C.S. (Eng.) Assistant Lecturer in Clinical Surgery, University of Otago, New Zealand. The Macmillan Company, New York and Toronto. 1924.

This is a very useful and instructive book for students. It fills a long-felt want for reference as to names, details and formulae of the various solutions that one requires in practice. The chapter on bandaging is particularly good. It is a splendid book for a busy general practitioner to have in his library for ready reference.

Manual for Diabetics. By Gladys L. Boyd, M.D. (Tor.), Director of Diabetic Clinic and Clinical Assistant, Hospital for Sick Children, Toronto; and Marion D. Stalsmith, Dietitian to the Diabetic Clinic, Hospital for Sick Children, Toronto. Introduction by F. G. Banting, M.D. Toronto: McClelland & Stewart, publishers. 1925.

The chief value of this book is that it deals with the subject of diabetes from the standpoint of the patient; and not only tells how the patient must restrict his diet, but gives innumerable examples of palatable diets suitable for patients suffering from the disease.

Minor Surgery and Bandaging for the Use of House Surgeons, Dressers and Junior Practitioners. By Gwynne Williams, M.S., F.R.C.S. Eighteenth edition, with 239 illustrations. Toronto: The Macmillan Company. 1924. Price $3.15.

This is a very compact little volume, which should prove most useful to senior students, house surgeons, etc. In the

Demand

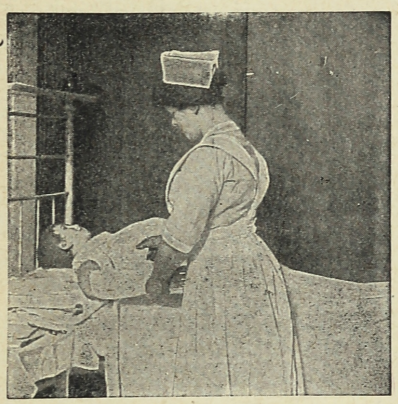
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attempt to cover the whole field of minor surgery the author has had to give many subjects only very superficial attention. However, with larger reference volumes, this work should be useful for quickly reviewing one's work or refreshing the mind on many procedures which one does not meet with every day. The fact that it has gone through eighteen editions speaks for the popular demand of such a work.

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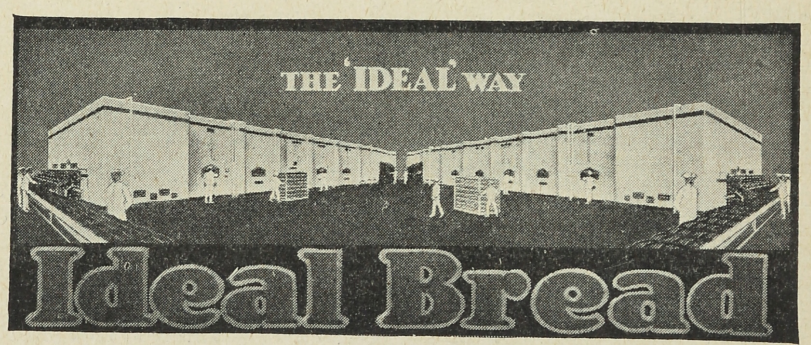
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2nd PRIZE—**1 dozen Paul Jones Nurses' Uniforms, Value $54.00.**
Miss Olive E. Thornton, R. N., 31 Prospect Street, Homer, N. Y.

3rd PRIZE—**Six Paul Jones Nurses' Uniforms and 1 Reversible Service Apron, value $30.00**
Miss Louise W. Spitz, R. N., 3 South 13th Street, Harrisburg, Pa.

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Miss Jessie M. Jackson, R. N., 16 Lake Street, White Plains, N. Y.

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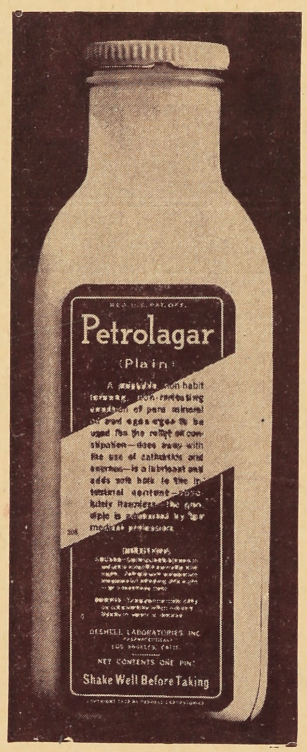
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Miss Christine R. Kefauver, New York City, N. Y.
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